

**MH55936    Improving HIV Treatment for the Seriously Mentally Ill**  
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**BACKGROUND / RATIONALE:**

People with serious mental illness (SMI) have shown to be at elevated risk for HIV infection, yet little is known about SMI HIV+ persons, and virtually nothing about the HIV care they are (or are not) receiving. The broad goal of this study is to provide an understanding of this population and how the current system of care is responding to their needs so care may be improved. What is known about this population and the overcrowded, underfunded systems charged with their care suggests that SMI persons are likely to be diagnosed at later stages of HIV infection, have more precipitous illness courses, and shorter survival times.

**OBJECTIVE(S):**

This study will make use of data and methodology from the HIV Cost and Services Utilization Studies (HCSUS), a large longitudinal study of a nationally representative sample of 3300 person who are HIV+ and are known to HIV providers. The specific aims of this study are: 1) to describe adult SMI persons who are known to be HIV+, including the number of known cases; their demographic, clinical, and general health status characteristics; and history of HIV risk behaviors; 2) to determine patterns of service utilization and costs, and staging of HIV disease at entry into care among the SMI HIV+ population; to compare patterns of service use, costs, and stage of disease in this population with that of the non-SMI HIV+ population; 3) to examine the accessibility and quality of HIV care for SMI persons; to compare SMI persons' access to and quality of HIV care with that on non-SMI persons; and 4) to identify financial, organizational, and general features of service delivery systems and providers that influence the accessibility and quality of HIV care for SMI persons.

**METHODS:**

Sample size of 700 SMI HIV+ adults from 2 sites: Los Angeles and New York City. The specific aims will be achieved by collecting and analyzing both quantitative data (face-to-face interview to assess demographics, psychiatric diagnoses, HIV status, access to and utilization of services, health-related quality of life, satisfaction with HIV services, and HIV knowledge and risk behaviors; medical and billing record abstractions; and 18-month survival information) and qualitative data (case studies, focus groups, and participant-observation).

**FINDINGS / RESULTS:**

Persons with severe mental illness are at greatly increased risk of HIV infection due to increased likelihood of high-risk sexual behaviors and injection drug use. The formidable barriers to detection and effective treatment of HIV that exists in this population can be attributed to the unique characteristics of this population, lack of knowledge and expertise among mental and physical health care providers, and fragmented mental and physical health care systems.

**STATUS:**

Data collection completed in Los Angeles and continuing in New York City.

**IMPACT:**

Not known at this time.

**PUBLICATIONS:**

Conference Presentations / Abstracts

1. Sullivan G. Seriously mentally ill adults who are HIV positive. American Psychiatric Association Annual Meeting. New Orleans, LA 2001.